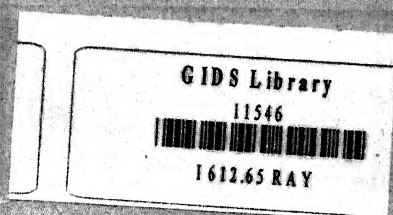


Child Development Project in India : Field  
Experience in Eastern Uttar Pradesh

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# Child Development Project in India : Field Experience in Eastern Uttar Pradesh

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CHILD DEVELOPMENT PROJECT IN INDIA : FIELD  
EXPERIENCE IN EASTERN UTTAR PRADESH

C. N. Ray

The programme of Integrated Child Development Services (ICDS) was introduced on 2nd October 1975 in 33 project areas on an experimental basis. The ICDS is not the first attempt at the development of children and women. Child development initiatives have a long history in India. A number of experiments in the field of child development have been undertaken over the years by voluntary organisations. These efforts began in the mid-twenties when voluntary organizations like Indian Council for Social Welfare, Indian Red Cross Society, All Indian Women's Conference, Balkanji Bari and Child's Aid Society started functioning. These agencies were generally engaged in the fields of health care, nutrition, education, welfare and recreational services for the children in an isolated manner and in specific areas. In the early fifties some personalities like Sri Biju Bhai of Rajkot, Sri Jagat Ram Dave of Gujarat and Smt. Tara Bai of Maharashtra also contributed to the development of child and health care practices. Direct government efforts were started during the sixties through the constitution of a number of committees like the Child Care Committee (1960), Committee on the Programmes for Child Welfare (1968) and the Study Group on Pre-School Education (1972). These Committees were given the responsibility of collecting

information related to child welfare and development and also to suggest the possible steps to improve the condition of children.

As voluntary organisations initiated the work in this field, a Central Social Welfare Board was established in August 1953 to assist the voluntary organisations and also to mobilise their support and cooperation in the development of social welfare services especially for women and children. During the First Five Year Plan, a provision of Rs.40 million was made for the Board. The Board started its activities with a survey of voluntary organisations working in this field. It was reported that the largest number of voluntary organisations were working only in urban areas.

In response to this survey the Board launched the Child Welfare Extension Project in August 1954. Multipurpose Welfare Centres were established covering an average population of 25000-30000. These Centres were engaged in activities relating to maternity and child care services, first aid and primary medical aid. The concept of Balwadi, which comprises creche and pre-school education, supplementary nutrition, craft training and social education for women was also introduced. This concept of Balwadi later came to be known as Anganwadi Centre in the ICDS project. During the First Five Year Plan 1150 centres were opened to implement 292 welfare extension projects that covered 6000 villages with a population of 5.5 million. In the beginning of the Second Plan the number of extension projects increased to 426.



The ICDS was drawn up with a view to launch a coordinated scheme to deliver the package of integrated services to improve the nutritional and health status of children in the age group of 0-6 years. Its objectives were to reduce the incidence of child mortality, provide health, nutrition, education services and lay the proper foundation for psychological, physical and social development of the child. Details of the programme were prepared by the Ministry of Social Welfare, Government of India in 1975 and it was formally launched in October 1975. A unique feature of this scheme is the adoption of inter-sectoral approach to deliver the services for child development by involving government departments, voluntary organisations, local government institutions and the beneficiaries themselves. This makes the delivery of services entirely dependent upon the coordination of all the concerned departments and institutions.

The scheme is centrally sponsored but the programme, like other centrally sponsored programmes, is implemented through the State government machinery. The financial burden of the scheme is entirely met by the Central Government, but for supplementary nutrition, the concerned State governments are providing funds under minimum needs programme.

The organisational pattern adopted for ICDS varies from one State to another. Social Welfare Departments are generally looking after this programme in many States. In other States the scheme is under the charge of other departments like Women and Child Development Department in Andhra Pradesh and Karnataka, Health Department in Gujarat and Sikkim, Tribal Welfare Department in Madhya Pradesh, Rural Development Department in Maharashtra,

Panchayat and Community Development Department in Orissa and Harijan and Social Welfare Department in Uttar Pradesh. Thus instead of giving the project to a particular department in all the States it is under the charge of different departments in different states. This is one of the important weaknesses in the organisational pattern used for the implementation of the scheme. As a result only one aspect of the scheme which is the primary responsibility of the administrative department concerned tends to receive more attention than the other components. For example the health component of the ICDS is stronger in Gujarat in comparison to other States as the Health Department is supervising the scheme in that State. To avoid this problem uniform pattern of administrative structure is always needed. As the administrative structure differs, the control system as well as priorities within the organisation at the project level also differ. In this way the emphasis and the impact of the same project differs from one State to another, although several other reasons are also related with the outcome of this project.

This paper is based on the experience of an ICDS project in East U.P. The data were collected in November-December 1984. An attempt has been made here to understand the functioning of the project based on our field insights acquired during the course of the visit to 23 Anganwadi Centres (AWC). The activities carried out in these centres were observed, followed by discussions with the beneficiaries, non-beneficiaries, village and panchayat leaders and primary school teachers. We had indepth discussion with the functionaries of ICDS, i.e., Child Development Project Officer (CDPO), Supervisors, Anganwadi Workers (AWW), and functionaries of



the health centres : the Medical Officer (MO), Lady Health Visitors (LHV) and Auxiliary Nurse Mid-Wife (ANM). The local Block Development Officer (BDO) and other functionaries of the Block Office were also contacted. The official records of the ICDS project, the PHC and Block were also consulted at different stages of the field work.

This project was started on 7th April 1980 and it is the only project running in the district. The project office is situated near the Railway Station and well connected by a road linking it to the State Highway. The office of the project is situated 21 kms. away from the district town. The population of the project area, according to the information available in the project office, is 104,250. This pertains to 1981. Today it would be about 20000 more. It covers 86 villages and 65 Gram Sabhas. The project area contains one Primary Health Centre, a Block Office and branches of commercial and Cooperative Banks.

The staff of the project, following the guidelines given by the Ministry of Social Welfare, includes one CDPO, six Supervisors and 114 Anganwadi Workers (AWW) and helpers looking after 114 AWCs. The CDPO is overall incharge of the project and is assisted by the six supervisors to coordinate the activities at the village level. The AWW conducts the activities of the AWC with the help of a helper, also known as Dai. The activities of the project are under the direct supervision of the district Harijan and Social Welfare Office. The Health component of the ICDS project is supervised by the Deputy Chief Medical Officer on behalf of the Chief Medical Officer of the district.

At the State level the Secretary of the Harijan and Social Welfare Department supervises and coordinates the project. The officials of the UNICEF are also attached with the project as working partners. The NIPCCD regional centre is incharge of training the personnel and a large number of Anganwadi training centres are working to train the AWWs.

The present CDPO formally working as the Coordinator of the programme at the project level and also looking after the day-to-day activities. However, he was found to be devoting more time to routine office matters and administration than to coordination. For proper supervision and coordination of the activities he is required to go on tour for at least 18 days in a month with 10 nighthalts outside the project headquarter. The records of the AWCs show that the CDPO rarely visits them. Even if he visits any AWC it is not likely to be helpful either for the functionaries or for the project.

Officials' mode of visit can be explained with our experience in several villages. In one village they came on tour when the AWW was conducting the Pre-School Education. They sat outside the centre for two minutes and asked the AWW to give them the visitors' register and wrote their comments. By this time a group of village women came to the centre and protested against various irregularities within the centre, viz., the AWW was not regular; the supplementary food is not supplied regularly; the quantity and quality of the food is not upto the mark; the worker does not take any care of children; the Functional Literacy for Adult Women (FLAW) classes are not arranged and no health check-up or immunisations are arranged. In response to this protest the



officials withdrew their written comment and recorded a new comment and left the place without talking either to the AWW or to the villagers. If this is the nature of supervision then it is of no use. During another visit, this time to a nearby centre, the officials found that the AWC was closed and the next day they terminated the services of the AWW without asking any reason or talking to the villagers regarding the activities and attendance of the AWW.

These two examples indicate that rare visits of the officials to the AWC neither ensure better functioning of the programme nor do they help the functionaries to offer better services to the AWCs. If the project officials are working in this way it may be concluded that either they are not aware of their job responsibility or their involvement in their job was nominal. During the discussions with the officials regarding the administration of the project it became clear that they are well aware of their job responsibility but with an intention to prove themselves a very powerful officer, they were following a particular procedure of supervision. At this stage a change in the attitude towards the job is the only alternative to run the project in the desired manner and mere job training or reorientation course for the officials will not change the situation.

In addition to the CDPO, six Supervisors are working as coordinators of activities at the project and Anganwadies. They are responsible for helping and guiding the Anganwadi Workers in conducting activities related to pre-school education, survey of the area, maintenance of records and other liaison work. The

Supervisors help the CDPO in various activities related to the programme and project management. In practice the Supervisors are only helping the AWW in record-keeping and conveying the orders or directives given by the CDPO. This is due to the rare visits of the supervisor to the AWCs and the general understanding between the supervisors and the AWWs. This understanding is so deep that neither the supervisor nor the AWW interfere in each others work or complain against others.

As the supervisors are not local, generally coming from the district town, the problem of supervision is also compounded by the lack of transport facility available within the project area. The Anganwadi Centres are located at a distance of 3-25 kms. away from the project office. The majority of AWCs are not well connected by road and no local transport facility is available to move from one village to another. In this situation regular supervision by the lady supervisors is not an easy task. In some States the provision of a vehicle to the supervisors has already been made but no initiative has been taken by the U.P. Government in this regard. All the supervisors have already informed about these problems to their superior authority, the district level officer.

In the recruitment of the supervisors, local candidates were not given any preference which could have solved this problem to a large extent. In some cases administrative and political links play a vital role in the recruitment. This is also reported to be happening in the recruitment of CDPOs and AWWs. It goes without saying that free and fair selection of the officials is urgently needed and preference should be given to the local candidates for the posts of supervisors and AWWs.



The AWW, who is the main functionary of the project, is assisted by a helper or Dai in the conduct of various activities in the centre. According to the Job Chart, she is incharge of supplying supplementary nutrition to the children between 0-6 years and to pregnant and nursing mothers; conducting non-formal pre-school education for children between 3-6 years of age, giving health and nutrition education, maintenance of records, and making contact with community leaders. We observed that only supply of nutrition and pre-school education are the main functions performed by all the AWWs. Functions related to health are grossly neglected by the workers.

In several villages it was reported that AWWs are not regular and the centre is not running regularly. In the absence of the AWWs, in some villages, the helpers are distributing the supplementary nutrition. In fact only 25 per cent of the total AWWs of the project are either from the same village or from the nearby villages of the project area. Several factors are related to the irregularities in the conduct of Anganwadies. These are :

- (i) 75 per cent of the AWWs are not locals due to appointment policy followed by the higher officials. Even when local and competent candidates were available, outsiders were preferred due to various unknown reasons. If local candidates were to be preferred, it is expected that regular activities within the centres would be more effective, though there is no guarantee for it. As local candidates are known to most of the villagers, popular participation would have been ensured because of their personal contacts and also the accommodation problem for the

centre would have been solved. (ii) Orientation of the AWWs is not upto the mark. This also holds true for all other project level officials as well. In many discussions and also through observation of their activities in the AWC, it became clear that the stated objectives of the ICDS are not clear to the AWWs even after receiving job training course for three months. It is also important to note that AWWs were trained in several training Centres at Masuda, Pratapgarh, Jaunpur and Allahabad and it was reported that no uniform pattern of training was followed in all these centres, although a fixed course has been prescribed by the NIPCCD. In this situation, workers should be trained at a particular training centre to avoid variation in their training. (iii) The supply of supplementary nutrition became a necessary condition to attract the children within the AWC. It was reported that when the supply is inadequate or is stopped, the attendance in AWC also becomes very thin. In several cases AWCs remained closed due to non supply of food. It was reported that a majority of parents send their children only for supplementary nutrition. (iv) Activities within the centre are fully under the control of the AWW and the local people or organisations do not have any control over them. As a result, the villagers, even if they are interested, cannot look after the day-to-day affairs of the centres and this situation has been taken advantage of by the AWWs. Only the supervisor and the CDPO are the controlling and supervising authority and they have some kind of informal understanding among them. (v) Payments to the AWWs and helpers are very poor and they are not the regular staff of the State Government. It is interesting to note that all the supervisory posts are permanent with a



handsome salary and other facilities. The real workers of the project, the AWWs, get only Rs.150/- per month as honorarium while the helper gets only Rs.50/- per month. Even this payment is not regular. In fact there is no exception as payment is not regular for all the personnel posted at the project level. (vi) Supplementary nutrition and other materials are transported by AWWs at their own cost and no financial assistance has been given for it. A vehicle with a trolley provided to the project is used only by the CDPO. The trolley is never used to supply the materials to the AWCs and has remained unused since the very beginning. The vehicle which is under the control of CDPO is never used by the other officials or by the Anganwadies. (vii) The AWWs are maintaining 17 registers and preparing different fortnightly and monthly reports. As the supervising officials give more attention to these records they are spending half of their time to maintain these records up-to-date. So, the normal activities of the AWC are affected very seriously. The higher officials who are more interested in records than the actual activities at the centre are to be blamed. The supply of CARE food has increased the work load of the AWW as they are directed to submit the details of food distribution. In fact, several AWWs disclose that report writing and record keeping are the two tasks they are doing with all care even at the cost of regular activities. If this situation continues then in future all the AWWs will be engaged only in report-writing and record-keeping even if no other work is undertaken at the centres.

The preparation of supplementary nutrition is not done in any centre although they were directed to do so. Fuel is the main problem in cooking. There is provision of paying one rupee per day as fuel charge but no AWC has received it and raw food is supplied. In some AWCs local people were requested to contribute for fuel, either in cash or in kind, but no positive response has been received so far. People are not contributing as they look upon the programme as entirely government sponsored and they want to have nothing to do with it. If food is not cooked the idea of supplementing the nutrition status remains on paper because raw food is rarely taken by the children but offered to their domestic animals. In this way, CARE food is supplementing the nutrition needs of the domestic animals in most of the cases.

The health component, which is the most important part of the programme, is very weak as health personnel are not performing their tasks very well. The coordination between the health personnel and ICDS staff is an important precondition for proper implementation of the ICDS. The Medical Officer (MO) of the Primary Health Centre (PHC) has a very close personal relation with the CDPO but it is not reflected in their activities. The verbal response of the health personnel shows that they are least bothered about the ICDS project. Main attention is given to fulfilling the target of Family Welfare Programme (FWP). The MO has not prepared any detailed plan for delivering health services through AWCs. As a result, the performance of immunisation, health check-up and medical care is very poor. For the last five years almost in 50 per cent of the AWCs no immunisation or health check-up activities

were conducted by the health staff. In the case of polio vaccine and other kinds of immunisation the course remained incomplete due to various reasons. A list of ANM Sub-Centres was supplied by the MO but during our visit we found that in several villages the sub-centres did not exist. This indicates that several ANM sub-centres are working either in the office records or in the house of ANM. A discussion with the MO, Dy. CMO and CMO of the district revealed that this fact is known to the higher officials. The LHVs, who are in-charge of supervising the activities of the ANMs, rarely visited the sub-centres and villages within their circles. In fact, the existing health service itself has proved to be very poor and the extra responsibility added to it is one of the important weaknesses of this scheme.

The supplementary nutrition programme has been in existence in this project since 1982. In the beginning the food was supplied by private contractors and payment was made by the State Government. During that period the supply was not regular but different types of food was supplied. From January 1984 CARE took the responsibility of supplying the food and regular supply was ensured from this period. Dalia and Soya oil are supplied. It is felt that in all the AWCs there should be variation in the items of food as the same item is supplied throughout the year and sometimes it is unfit for human consumption. A discussion with the officials of CARE revealed that the State Government is not contributing anything for food and as a result preparation of Dalia with other items to make it tastier became impossible. All the AWWs



informed that only once since the inception of the project 50 kg. of sugar was supplied. In this condition even if the fuel is available there is no question of preparation of food as other items are not available.

In some centres the food was cooked in the early years but it was stopped because of some socio-cultural problems. For instance when the food was cooked by a helper who belonged to lower caste, the clean caste households did not allow their children to take it. So, to avoid this problem they stopped cooking and supplied it uncooked.

Due to insufficient supply and poor quality, the food supplied has failed to develop the nutritional status of the children. The project report shows that the nutritional status of the children attending the Anganwadies is poor and one-third of the registered children are already identified as malnourished. Just by supplying Dalia nobody can expect that nutritional condition of the children will become high. In reality malnutrition is related with the abject poverty and the whole programme has overlooked this basic problem. It also indicates a serious limitation of the programme as several anti-poverty programmes are facing the same problem for a quite long time.

Pre-school education was found to be an important activity conducted by the AWWs. The stated goal is to lay the foundation for physical, psychological, cognitive and social development of the children. The children were expected to learn and practice the basic principles of healthy living, promoting physical growth and intellectual development. In actual practice however the

children are acquainted with alphabets, numbers, word knowledge and are prepared for formal schooling. It so happens that pre-school education is conducted in a formal way as in the primary schools. In reality, the AWWs and also the supervisors are not aware of the essence and the methods of pre-school education.

What actually they know is that the AWWs will go to the AWC and teach them as a teacher for an hour and then the helper will distribute the nutrition. All the AWCs are following the same method and the essence of pre-school education is undermined.

The present condition of pre-school education is due to several other factors. Some of these are :

1. The training the AWWs receive is not adequate as several activities of the Anganwadies are not known to them. Even the concept of pre-school education is not explained to them. This was reported by several AWWs. In this situation proper training can rectify several aspects of the Anganwadi activities.
2. Material and equipments, which are essential to run the centre are not available. Though some of the materials and equipments are supplied, yet several other equipments are needed to conduct various activities, viz., material for playway method of pre-school education, drawing, etc.
3. The play-way method of education is not followed in any AWC mainly due to space and equipment problem. As largest number of the AWCs are located in helpers house, free space is not available either in the centre or in front of the centre.

4. In several villages it was reported that parents are interested in formal schooling in the name of pre-school education. In this situation orientation of the parents is a pre-condition for successful pre-school education. Some AWWs also informed that parents are asking for certificates as they available in primary or nursery schools. The same procedure can be followed for the children leaving the Anganwadies.

The programme of Functional Literacy for Adult Women (FLAW) is also conducted in the AWC between 2-4 P.M. The response to FLAW is reported as satisfactory as AWWs are highly enthusiastic and have taken keen interest in the programme. The beneficiaries are normally in the age group of 15-30 years. The beneficiaries are mostly interested in learning those things which can bring them material benefits. In this case reading and writing received less attention in most of the centres. But in some AWCs reading and writing is the main activity in FLAW classes. As a result, in one village a large number of muslim women, as the village is dominated by muslims, learned reading and writing. During our visit they informed that after joining the class they learned letter writing and reading religious books, etc. But in the villages where backward classes are more in number generally women are not attending these classes as they are busy with their work either at home or in the field to earn their livelihood. As women from the lower categories are not attending these classes the basic goal of this programme remained unrealised as women of lower and backward classes are the main target group for this programme.



Active public cooperation was not reported in any AWC. In several cases it was observed that local people are ignorant about the AWC and its activities. Some Panchayat leaders informed that AWC is a women's affair and they are not in touch with it. In some centres the AWWs informed that public cooperation with the Anganwadies suffers due to factionalism in the village. Factionalism is based either on caste, or religion or political affiliation. In spite of this, it was noted that no proper initiative has been taken by the ICDS functionaries to ensure peoples participation in the activities undertaken at the AWC. In this situation concerted efforts by the ICDS functionaries can bridge the gap between the people and the Anganwadies. The existing pattern of administration and the activities indicate that ICDS project may be leading to the formation of another kind of block administration in the name of child and women development.

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